

Appl'n No: 10/507,358
Amdt dated October 6, 2005
Reply to Office action dated July 6, 2005

3636 / DPW
Graye

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit: 3636

Confirmation No. 5701

Examiner: Burnham, Sarah C.

Applicant: Holdampf, Carl J.

Serial No.: 10/507,358

Filing Date: September 10, 2004

Title: Drop Down Stow in Floor Automotive Vehicle Seat Assembly

AMENDMENT

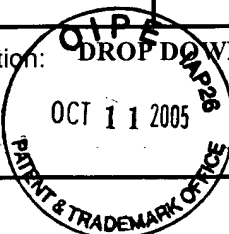

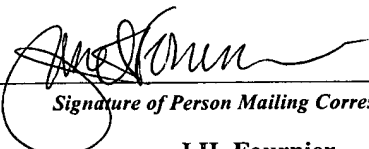
Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

In response to the Office Action dated July 6, 2005, please amend the above-captioned patent application as set forth below.

Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this paper.

Remarks begin on page 5 of this paper.

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 19365-098771	
Applicant(s): Holdampf					
Application No. 10/507,358	Filing Date 09/04/20004	Examiner	Customer No. 28886	Group Art Unit 3636	Confirmation No. 5701
Invention: DROP DOWN STOW IN FLOOR AUTOMOTIVE VEHICLE SEAT ASSEMBLY					
					
COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	11 -	20 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 50-1759 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 _____ <i>Signature</i>			Dated: October 6, 2005		
Robin W. Asher, Reg. No. 41,590 Clark Hill PLC 500 Woodward Avenue, Suite 3500 Detroit, MI 48226-3435			<div style="border: 1px solid black; padding: 5px;"> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on <u>10/6/05</u> (Date)  _____ <i>Signature of Person Mailing Correspondence</i> J.H. Fournier _____ <i>Typed or Printed Name of Person Mailing Correspondence</i> </div>		
CC:					